6046 (3/01)	I certify that I have examined Call MA Vilyno Salety Regulations (49 CFR 391.41-391.49) and with knowledge when:	INER'S CERTIFIC	_ in accordance with th	e Federal Motor Carrier ; and, if applicable, only
	☐ wearing corrective lenses	driving within an exem	npt intracity zone (49 Cf	FR 391.62)
ည့်	wearing hearing aid	accompanied by a Sk	ill Performance Evaluati	on Certificate (SPE)
650-1-8-1.2	accompanied by a waiver/exemption	qualified by operation	of 49 CFR 391.64	
<u>ş</u>	The information I have provided regarding this physical examattachment embodies my findings completely and correctly, and it	nination is true and comp is on file in my office.	olete. A complete exam	nination form with any
ž st	SIGNATURE OF MEDICAL EXAMINER	TELEF	HONE	DATE
Noewdi, Wie	Banbara Eluct	ł	(812) 283-2013	19/28/04
25	MEDICAL EXAMINER'S NAME (PRINT)		OMD ODO	☐ Chiropractor
5 ±	Benbrabliott		☐ Physician Assistant	Fractice Practice Nurse
ASSOCIATES com • Pulnted	MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE	TE , INDIANA		
KELLER & ASS www.jkeller.com	Educated Real The MISEM	1	75 12-10	STATE
	801 5 = Ave Geneva	AC 36	340	
Published by J. J. (1)80) 327-6860 •	MEDICAL CERTIFICATE EXPIRATION DATE 04/26/0	)5		
3 E	DISTRIBUTION: 1 COPY TO THE DR	IVER. 1 COPY TO THE	E MOTOR CARRIER	}

# Medical Examination Report

649-F (Rev. 10/03) (6045) Sleep disorders, pauses in breathing while asteep, daylime For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter State of certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Missing or impaired hand, arm, foot, leg, linger, toe Date of Exam icense Class Other Narcotic or habit forming drug use Regular, frequent alcohol use LA New Certification Meepiness, loud snoring Spinal injury or disease Chronic low back pain ] Recertification Felinting, dizziness Stroke or paralysis 7 Follow Up FOR COMMERCIAL DRIVER FITNESS DETERMINATION Driver License No. Yes No Driver completes this section, but medical examiner is encouraged to discuss with driver. Sĕ □ZŞĕ ¤ ₹ IZ Nervous or psychlatric disorders, e.g., severe depression D Lung disease, emphysema, asluma, civonic bronchills Age Home Tel: (334) 444-1657 Diabeles or elevated blood sugar controlled by: Birthdate [ [ Loss of, or allered consciousness Work Tel: J-Kidney disease, dialysis 412-88-6314 P Digestive problems Social Security No. 🗖 medication 🚅 Liver disease linsullin 景 鶯□□□ Genera Il 36340 Driver completes this section. Ses City, State, Zip Code Heart surgery (valve replacement/bypass, anglophasty, pacemaker) Hoarl disease or heart attack; other cardiovuscular condition Eye disorders or impaired vision (except corrective lensus) Flead/Brain injuries, disorders or illnesses medications) used regularly or recently. Ear disorders, loss of hearing or balance Any illness or injury in the tast 5 years? DHVEFSWEGHWATION High blood pressure 🗌 medication \_\_ Driver's Name (Last, First, Middle) Shortness of breath Seizures, épilepsy Examiner's Certificate Muscular disease \_ medication\_ medication \_\_ COM Address

Date\_ Driver's Signature

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.) - TAKE pan - When Blood Smen 本るままれ 4res Im Sucopling &

6 Caluarson Marior. Forber chave muche comed of apply. Normorme.

	as a 1.	cies .	<del> </del>	]			11
Middle, al meridian measured in	normal, Report visual aculty a aculty is aculty is being tested. If the drivers are not qualified in the control of the contro	e ig loss in better ear ≤ 40 d add the readings for 3 frequen	500 1   1000 Hz   2000 Hz   Average:	readings to confirm BP.	Recertification  1 year if ≤ 140/90.  One-time certificate for 3 months if 141-159/91-99.	1 year from date of exam if ≤ 140/90 6 months if ≤ 140/90	ROTEIN BLOOD SUGAR
si, ral in horizont	n, use 20 feet as vorn while visual visual sobvious. Monoo ong traffic contro freen, and ambe ily when wearing	Signalure average hearing 7 Hz. To average, a	1000 Hz 2000 Hz	e at least two	Recertification 1 year if \$ 140/90 One-time certifica 141-159/91-99.	1 year from date of e 6 months if \$ 140/90	SP. GR.   PRO!
Stion 3 through 7) Name: Last, First, First, Middle, each eye with or without correction. At least 70° peripheral in horizontal meridian measured in	Inparable values, In recording distance vision, use 20 feet as it wears corrective lenses, these should be worn while visual iderance and adaptation to their use must be obvious. Monoc. Applicant can recognize and distinguish among traffic control signals and devices showing standard red. green, and amber colors?  Applicant moets visual acuity requirement only when wearing:  Corrective Lenses  Monocular Vision: \(\int\) Yes	Name of Ophthalmologist or Optometrist (print)  Standard: a) Must first perceive forced whispered voice ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB Convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500 Hz, -10 dB for 1,000 Hz, -8.5 dB for 2,000 Hz. To average, add the readings for 3 frequencies must be recorded.	b) if audiometer is used, record hearing loss in 500 1-1z 1000 decibels, (acc. to ANSI 224,5-1951)  Average:	Numerical readings must be recorded. Medical examiner should take at least two readings to confirm BP.	<u>Expiration Date</u> 1 year	One-time certificate for 3 months. 6 months from date of exam if < 140/90	rded. URINE SPECIMEN
3 through 7 e with or withou oted on the Med	mithator, if the applicant wears ent evidence of good tolerance Applicant Applicant Applicant Applicant Signals Signals Signals Signals Colors?  Applicant Applicant Signals S	do. Id voice ≥ 5 fl., w Dearing aid requir from ISO for 500 H	b) If audiometer is u decibels, (acc. to	s must be record	Calegory Ex	Stage 3 6 r	Numerical readings must be recorded.  e an indication for further testing to  107 Fastary - B. C. Lutshm
Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° per RUCTIONS: When other than the Snellen chart is used dive test focults in each on the Medical Examiner's Certificate.	Hype read at 20 feet as denominator. If the to do so while driving, sufficient evidence ad.  CTED HORIZONTAL FIELD OF VISION  Fight Eye  Left Eye  S contact of the contact	Name of Ophthalmologist or Opiometrist (print)  Standard: a) Must first perceive forced whispered voice ≥ 5 ft., with or without heari  Check if hearing aid used for tosts. Check if hearing aid required to meet standard.  convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500 Hz, -10 dB for 1,000 Hz, must be recorded.				160-179/100-109 ≥ 180/110	ATEST FINDINGS Numeric or sugar in the urine may be an ind sm. オカギレザー(こしょいいん スピルーチ
3. WESTEND Standard: At least 2 each eye. The use of NSTRUCTIONS: When other than the Standard the Standard than the Sta	Habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be provided.  ACUITY (UNCORRECTED CORRECTED HORIZONTAL FIELD OF VISION Right Eye 20/1/2	Date of Examination Name of Ophthalmologist or Optometrist (print) Tet. No.  4. [[137] [176] Standard: a) Must first perceive forced whispered voice ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500 Hz, -10 dB for 1,000 Hz, -8.5 dB for 2,000 Hz. To average, add the readings for 3 frequencies Numerical readings must be recorded.	lorced whispered voice can first be heard.	5. Is recomplessed as a property of	Blood Systolic Diastolic ressure /3 \( \rightarrow \pi \) \( \ri	Pulse Rate: 又Regular ロ Irregular Record Pulse Rate: しん	6. LAEOFATORY AND OTHER TEST FINDINGS. Numerical readings must be reco Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem. Other Testing (Describe and record)  1738/04-6-04-0500 307 Foother & CLUMBING.

7. KERKERENEESSEEN WARMEN	Weight Weight Height: 72 In.) Weight	200	Weight: 200 Allo Manager Land		
he presence of a cer treatment. Even if a ne necessary steps to	The presence of a certain condition may not necessarily disqualify a driver, the atment. Even if a condition does not disqualify a driver, the medical eye necessary steps to correct the condition as soon as possible particular	particularly xaminer ma	if the condition is controlled to consider deferring the dilion. If neglected condition, if neglected condition.	he presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable necessary steps to correct the condition as soon as possible particularly if the condition, if necessary steps to correct the condition as soon as possible particularly if the condition, if necessary steps to correct the driver should be advised to take	•
theck YES it there are the driver's ability to compensated for the free from the free from the free free free free free free free fr	theck YES if there are any abnormalities. Check NO if the body system is not driver's ability to operate a commercial motor vehicle safely. Enter appropersated for, estimated for the Medical Examiner for guidance.	formal, Discolicable iten	uss any YES answers in number before each	sheck YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect on operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been the firstuctions to the Medical Examinar for guidance.	
BODY SYSTEM		VES* NO	BODY CYCLES		
. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.		7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia.	
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, hystagnus, exophthalmos. Ask about retinocative calaractes		8. Vascular System	signilicant abdominal wall muscle weakness, Abnormal pulse and amplitude, carolid or arterial bruits, varicose veins.	
	aplakia, glaucoma, macular degeneration and refer to a specialist if appropriate.		9. Genito-urinary System		
3. Ears	Scarring of lympanic membrane, occlusion of external canal, perforated eardrums.			Loss or impairment of leg, fool, toe, arm, hand, finger. Perceptible fimp, deformities, atrophy, weakness, paralysis, clubbing, edema, hybotonia, insurficient grash and	·
4. Moulh and Throat	irremediable deformilies likely to interfere with breathing or swallowing.		certificate if otherwise qualified.	prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate	
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator.	*	11. Spine, other	Previous surgery, deformities, limitation of motion, lenderness.	
<ol> <li>Lungs and chest, not including breast examination.</li> </ol>	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rates, impaired respiratory function, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or xray of chest.		12. Neurological	Impaired equilibrium, coordination or speech pattern; asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.	
COMMENTS:					<del></del>
Note certification state	Note certification status here. See Instructions to the Medical Examiner for guidance.	ance.	☐ Wearing con	Wearing corrective lenses	
☐ Meets standar	Meets standards in 49 CFR 391.41; qualifies for 2 year certificate che ne curb date.	a necentral	00	Wearing hearing aid  Accompanied by a walver/exemption. Driver must present exemption at time of certification.	
Ly Meets standar	Joseph   J	to 6430/065-	5 Skill Perform	Skili Performance Evaluation (SPE) Cerlificate Driving within an exempt infractly zone (See 49 CFR 391.62)	
Oriver qualifie	Driver qualified only for: \$\Bigs 3 months \$\Bigs 6\$ months \$\Bigs 1' year \$\Bigs 0\$ liner	जी श्रे श्रे	MUMPLA Qualified by operation Medical Examiner's Signature.	1049 CFR 391.64	ı
Return to med	Return to medical examiner's office for follow up on		Medical Examiner's Name	Moleum	1

Telephone Number (812) 283-2013
If meets standards, complete a Medical Examiner's Certificate as stated in 19 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)

Address\_\_

P.02

### REQUEST FOR CHECK OF DRIVING RECORD

-	
I hereby authorize The Campbell Agency to release the	following information to Florida Transformer, Inc. (Prospective Employer)
for purposes of investigation as required by Section 39 You are released from any and all liability which may a	1.23 of the Federal Motor Carrier Safety Regulation.
Letinand Ment Thompson (Signature)	(Date)
1. In accordance with the provisions of Section 604 an No.91-508. I hereby certify that the information reques in the Act and that the information received will be use	d Section 607 of the Fair Credit Reporting Act. Public Law sted below will be used for a "permissible purpose" as defined d for no other purpose.
2. I further certify that if the applicant named below is identify the source of the report in accordance with Sec	
(Signature of Requestor)	05/13/04 (Date)
To:	(0.27)
Gentleman:	
As in accordance with Section 391,23 Federal Department of the Educard Heal Lhomosom	our company for the position of <u>Driver (Class A CDL)</u> ent of Transportation Regulations, please furnish the past three years.
Name of Apolicant) SOISTE HUE GENEVO A	36340
Address of Applicant)	
Former Address)	
Date of Birth 10-30-62 Social Securiorivers License Number 4057210	ty Number 417-88-9319
Drivers License Number 4657210	State of issuance #-
Requested by:	
florida Transformer, Inc.	Scott Seay
Name of Company)	(Typed Name)
509 State Highway 83	Human Resources Manager (Title)
DeFuniak Springs FL 32433	Scott Seny
City) (State) (Zip)	(Signature)

## STATEMENT OF VIOLATIONS

§§391.25, 391.2

This form is to be completed at least once every 12 months.

1	LOCATION	COMMERCIAL MOTOR VE
1//000		
·	-	
RESS P.O. BOX 507 De Fun	iak Springs	FL 3243
Scull Lean	iak Springs  Viewed By: Signature	FL 3243 STATE ZIP
Scall Lean RE	EVIEWED BY: SIGNATURE	FL 3243 STATE ZIP
Scall Lean  HR MGR  Certif	TITLE TICATE OF Review	FL 3243 STATE ZIP
Scall Sean  HR MGR  Certification  To be certified to	TITLE icate of Review ——— by a motor carrier supervisor.	FL 3243 STATE ZIP
Scall free RE  HR MGR  Certification  To be certified to the driving record of	TITLE icate of Review ——— by a motor carrier supervisor.	FL 3243 STATE ZIF
Scall Sean  HR MGR  Certification  To be certified in accordance with §391.25 and find that he/she:	TITLE  icate of Review  by a motor carrier supervisor.	
To be certified I  I have hereby reviewed the driving record of in accordance with §391.25 and find that he/she:  Meets minimal	TITLE icate of Review ——— by a motor carrier supervisor.	•

Distribution of Copy: Driver Qualification File with a copy of Motor Vehicle Driving Record attached.

FTI

### Alabama Department of

# Public Safety DRIVER LICENSE ABSTRACT

Reply May Be Made To:

Driver License Divisions PO Box 1471 Monrgomepy#4E 36102-1471

NAME: EDWARD NEAL THOMPSON ISSUE DATE: 04/02/2004

LICENSE CLASS: AM CDL STATUS: CURRENT

LICENSE NO: 4657210 STATUS: CURRENT

EXPIRATION DATE: 03/26/2008 RESTRICTIONS:

BIRTH DATE: 10/30/1962 RACE: W

ENDORSEMENTS:

CONVICTION DATE

OFFENSE DESCRIPTION OFF DATE COM VEH COURT/AGENCY REP

N

05/09/2003 SPEEDING 69/45 MPH ZONE 02/21/2003 P HOUSTON CO DISTRICT COURT CITY/DOTHAN COMM VEH/N CNTY/HOUSTON ACC NO./ 2095274 08/29/2002

> I hereby certify that this is a true and correct copy of the records in the Oriver License Division of the Alabama Department of Public Safety.

ROSCOE HOWELL, MAJOR DRIVEH LICENSE DIVISION

THE INCLUSION OF ACCIDENT DATA IN THIS REPORT IN NO WAY IMPLIES FAULT OR LIABILITY. \*\*\* \*\*\* \*\*\* THIS REPORT CONTAINS INFORMATION REPORTED TO THIS DEPARTMENT FOR THE LAST 3 YEARS.

